

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request: <u>5-19-05</u>		2 Serial/Patent # <u>10 317327</u>						
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED					
	Filing		\$					
	Amendment		\$					
	Extension of Time		\$					
	Notice of Appeal/Appeal		\$					
	Petition		\$					
	Issue		\$					
	Cert of Correction/Terminal Disc.		\$					
	Maintenance		\$					
	Assignment		\$					
<input checked="" type="checkbox"/>	Other		\$ 100.00					
		7 TOTAL AMOUNT OF REFUND						
		\$ 100.00						
		8 TO BE REFUNDED BY: 100.00						
		Treasury Check						
		Credit Deposit A/C #:						
		9 <table border="1" style="display: inline-table; text-align: center; width: 150px;"> <tr> <td>0</td><td>1</td><td>--</td><td>2</td><td>1</td><td>3</td><td>5</td> </tr> </table>		0	1	--	2	1
0	1	--	2	1	3	5		
10 REASON:								
<input checked="" type="checkbox"/>	Overpayment							
	Duplicate Payment							
	No Fee Due (Explanation):							
11 REFUND REQUESTED BY:								
TYPED/PRINTED NAME: <u>LAMONT Hunter</u>		TITLE: <u>Pres/leg</u>						
SIGNATURE: <u>[Signature]</u>		PHONE: <u>308-9140 x201</u>						
OFFICE: _____								
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****								
APPROVED: _____		DATE: _____						

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

**Office of Finance
Refund Branch
Crystal Park One, Room 802B**